GET BACK!

PARENT HANDBOOK

AADAC

PREFACE

This booklet was originally written as a handbook for parents. However, AADAC counsellors found it a very helpful resource for others who encounter young people in their daily work - teachers, principals, clergy, counsellors, social workers, justice workers, and enforcement officials who hope to help youth already in trouble and prevent problems for those at risk. We offer this revised handbook as a resource that speaks to anyone who is concerned about the abuse of alcohol and other drugs by youth.

The is much more than a description of AADAC's services. It offers help in answering the questions that plague parents who know or suspect that their son or daughter has problems with substance use. How did this happen? What do I do now? It helps parents to better understand what they are dealing with and offers ideas that have worked for other parents.

If your work brings you into contact with those suffering the effects of young people abusing alcohol and other drugs, this booklet can help you to help others, and give you insight into the nature of addiction and recovery.

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Helping teens to get it back

AADAC

Because these problems are so complex, it is impossible to come up with a simple solution

Adolescent substance abuse

For most parents, the realization that their adolescent son or daughter is harmfully involved with alcohol or other drugs comes as a shock and they are flooded with guilt, confusion, and questions:

Why is this happening?
How could I not have known?
What did I do to cause this problem?
What do I do now?

The reality is that adolescent substance abuse is a widespread and complex problem that affects all kinds of families from all walks of life. In 1998-1999, AADAC recorded over 2,700 adolescent admissions across Alberta, and 162 admissions of the friends and family members who were affected by their drug use (most often their parents or foster parents). The adolescent clients who entered treatment at AADAC had multiple drug use problems as well as a wide variety of other problems in their lives. Emotional and psychological problems were very common. About half of the adolescents were not interested in treatment when they arrived at AADAC, despite the number of alcohol, drug, and life problems they were experiencing.

There is no single reason that so many young people abuse drugs, just as there is no easy explanation for the problem of substance abuse among adults. Because these problems are so complex, it is impossible to come up with one, catch-all solution to make them disappear. In order to better understand the situation, it is helpful to broaden our scope — that is, to move away from the search for a single cause and examine the problem of adolescent substance abuse from a number of perspectives: social, developmental, individual/personality, and family. In doing so, we see that, rather than one factor that causes alcohol and other drug abuse, there are many factors that can influence adolescents and put them at risk of developing a problem with alcohol or other drugs.

Research shows that family involvement in adolescent treatment or the involvement of a non-using, supportive person contributes to better abstinence and decreased drinking/drug use rates among adolescents.

About two-thirds of adolescents (aged 12 to 17 years) admitted to AADAC are male and the other one-third is female.

In the 12 months before adolescents entered treatment

The average age for adolescent clients entering treatment is 16.

Why is this happening? Looking at the risk factors

SOCIAL FACTORS

We live in a drug-using, feel-good society. Every day we are encouraged to turn to chemicals to help us feel our best: to wake us up, to help us sleep, to keep us free of headaches, to settle upset stomachs, to relax tense muscles. Alcohol and tobacco ads present mixed messages of attraction and danger, a common and acceptable part of everyday life even though they pose a significant threat to the health and well-being of many people. It is within this context that young people grow and develop, trying to fit in and, at the same time, "make their mark." It is not surprising that adolescents struggle with this paradox.

DEVELOPMENTAL FACTORS

Adolescence is a "caught-in-the-middle" time between childhood and adulthood. The development of identity is the main task during this stage of life and often includes trying on many different identities — a process that can be confusing. For most teens, the focus of their attention shifts away from family and toward friends. Peer pressure becomes a major source of tension internally as well as within family. Although many parents feel they are no longer able to influence their son or daughter, research shows this is not the case. For most adolescents, their shift is in association not identification, meaning that despite the intense desire of adolescents to be with and be like their peers, they continue to see themselves as more like their parents when it comes to values. As well, they continue to rely on their parents for guidance in making major decisions. This stage can often be felt as a tug-of-war by kids who feel caught in a conflict of loyalties between parents and peers.

Adolescents tend to operate much more in the "here-and-now" than do adults. Their immediate experience of emotions is intense, and they have a limited ability to anticipate the long-term consequences of today's actions. They are self-centred, curious, and willing to take risks. This leaves them vulnerable to the immediate gratification that alcohol and other drugs provide. Most adolescents cite curiosity and the desire to have fun as their main reasons for trying drugs.

INDIVIDUAL/PERSONALITY FACTORS

In addition to the stresses faced by all adolescents, many young people must cope with individual problems such as learning disabilities; experiences of physical, mental or sexual abuse; depression; or low self-esteem. These problems do not cause youth to use drugs, and many young people are able to overcome difficult experiences and personal limitations without drugs. However, there is increased risk among adolescents who experience these problems. Using drugs to cope with problems becomes a vicious cycle. For example, a young person who has learning problems may escape frustration with school by getting high and skipping class.

The drugs interfere with concentration and learning, poor attendance makes it impossible to keep up, teachers get upset, and both teacher and student feel discouraged. Self-esteem suffers and is temporarily soothed by getting high and tuning out. The stress escalates and drugs become the solution for coping with the stress. Adolescents become caught in the merry-go-round and their parents get caught, too.

FAMILY FACTORS

Even though drug abuse doesn't just happen in families with "problems" (as if there are any families without problems!), youth from troubled family situations face stress in addition to the ongoing demands of adolescence. Parents who themselves are struggling with substance abuse problems have difficulty providing for an adolescent's day-to-day and emotional needs. Financial pressures and relationship conflict and break-ups can also compound the difficulties for some families. These family problems can put teens at higher risk of having alcohol and other drug problems. For example, of teens who participated in AADAC's adolescent treatment system evaluation program:

- 59% had a parent with an alcohol or other drug problem
- 68% had run away from home

But having family problems is not an excuse for using drugs. Parent-bashing doesn't help anyone. It is hard, however, for many parents to let go of their guilt, their feeling that "if only I would have..." or "if only I wouldn't have... this problem would not have developed." The reality is that alcohol and other drug problems happen in all kinds of families and all family members are affected. Parents caught up in their adolescent's drug-using behaviour feel like they are living on an emotional roller coaster. Parents feel scared, mad, and depressed as they battle for control over a situation that seems to be getting more and more out of control.

Why is this happening? Asking kids

If you ask teenagers why they use alcohol or other drugs, they will usually tell you the positive effects that drugs have in their lives. In fact, the best way to approach the discussion is to start by asking, "What are the good things about drug use?" Then, really listen. Although it is difficult for many adults to accept, kids do find benefits in drugs. Most often, adolescents say they use drugs to have fun and to relieve boredom. When they feel sad, angry or hurt, alcohol or other drugs can numb those feelings. Drugs may

Sometimes parents' fears that drugs might be in the picture invite them into a role of policing rather than parenting

also give them a group of friends and a feeling of belonging. Drugs may help them open up and express feelings. Some say that drugs make them perform better in school or make them feel more creative and more confident.

None of these purposes is bad or abnormal. Most people want to enjoy life, be happy, belong, share their feelings with others (be emotionally healthy?), perform well, and like themselves. But drugs usually offer these benefits on a short-term basis only, and they cause other problems.

If you listen to kids list the benefits of drug use, you will often find that without any prompting from you, they will begin to argue with themselves. The "yes, but" mechanism will kick in, and they will start listing the ways in which drug use costs them: "I get burnt out, I'm skipping school, I steal, I have to tell lies." If you need to prompt this, it is more effective to say, "What are the not-so-good things?" rather than, "What are the bad things about your drug use?"

Knowing what to look for

Sometimes parents' fears that drugs might be in the picture turn them into police instead of parents. This can lead to a shut-down of communication and an escalation of defences, fear, and struggle. If the lines of communication can be maintained, it is much more likely that adolescents will call on their parents for help, be it a relationship issue, school stress, or drugs. Defensiveness can be a warning to parents of the possibility of a substance abuse problem. In addition, other physical, emotional, and social changes signal the presence of drugs and alcohol. However, it is important to remember that these changes could be the result of other problems, such as neurological disorders or other illnesses.

Some changes that could indicate a possible alcohol or other drug problem include:

- blood-shot eyes, dilated pupils, wearing sunglasses indoors
- frequent use of eye drops
- runny nose, irritated nose
- frequent cough, respiratory tract infections
- appetite loss/weight loss or weight gain, frequent "munchies"
- frequent headaches, morning vomiting and lethargy
- excessive sleeping or difficulty sleeping, decrease in energy
- slurred, slow speech or hyperactivity
- difficulty concentrating or thinking clearly
- a drop in school attendance and performance

- wide mood swings, depression, anxiety, paranoia
- a change in friends to those who are known users
- old friends expressing concern regarding use
- increase in secrecy
- constant need for money or an unexplained abundance of money

There are two basic ingredients in successful behaviour change. The first is the desire or motivation to change; the second is the ability or skills to manage change successfully. Treatment or counselling can provide the support and skills to increase the chance of success; however, the motivation for change is often the youth's greatest challenge. It is helpful to remember that alcohol and other drug use is initially seen by the teen as a positive experience. During this time, the youth may have a harmful pattern of drug use and not be concerned about it. They don't believe they need to change and don't want to change. He or she might deny the need for help and reject efforts by family or school to intervene. Experts on the process of change and recovery call this stage precontemplation.

Precontemplation is usually manifested by the person defending the problem or denying its existence or its negative effects. These reactions are normal. Everyone defends or denies certain behaviours at some point — especially when that behaviour or practice is seen by others as unhealthy or harmful. People who smoke, people who are overweight, people who drink too much coffee often deny that these behaviours may be causing them problems. It is a common and, to some extent, normal reaction to feeling threatened.

These defences can be very convincing to others, especially when they too may want to deny the problem. As well, the problem of adolescent alcohol/drug use does not occur in isolation. It occurs with "typical" adolescent problems: acting out, peer problems, identity development, major hormonal changes, and parent-child conflict. So, if you're asking yourself, "How could I have missed the early signs?" the answer is, "Very easily." Keep in mind, however, that just because an adolescent denies having a problem doesn't necessarily mean they're involved with alcohol or drugs. However, the following are some of the common defences used by adolescents who are involved with alcohol or other drugs.

DENIAL Denial is just that: Declaring that there is no problem. "Who, me? You're wrong. I don't have a problem."

MINIMIZING People who use this defence do admit that there might be a small problem. "I only use on weekends." "I stay away from hard drugs." "I just use socially."

One of the first tasks faced by parents is to become informed.

BLAMING Use of this defence places the responsibility with others. "It's not my fault. It's your (i.e. their parents') fault, their (their friends') fault, society's fault." This is a particularly difficult defence for parents to face as they often already feel guilty and responsible for their child's problems.

EXCUSES/RATIONALIZING This is the "yes, but" defence in which the adolescent admits that there is a problem, but that it only exists because of certain conditions, for example, pressures at school, or conflict in a relationship. The rationale is that the drug use will go away when the pressure goes away. The reality is that this pattern of excuse-making becomes habitual and the problem continues.

DIVERSION Children learn at a very young age how to divert parents' attention away from hot issues, shifting the focus from themselves to problems with siblings, school, or problems in society. This is not to say that these problems are not real, but that the problem of substance abuse continues to be masked.

ANGER Use of anger, alone or in combination with any of the defences above, serves to intimidate people. The person steers clear of the issue in order to avoid an escalation of the problem. Unfortunately, the problem does not go away. It goes underground.

In our experience, youth in this stage are aware that they need to make changes. This is a time of self-reevaluation, when the increasing number of negative effects of alcohol and other drug use or gambling are weighed against the benefits of continued use. Although each young person's turning point is different, a time comes when the negatives clearly outweigh the positives. At this point, a youth may be willing to get help (the contemplation stage) or at least go along with interventions made by family or teachers (the action stage).

Agreeing to stop using or to get help is just the beginning. Even when the motivational balance is tipped in favour of change, the attractiveness of using persists. Youth who express a desire to change and a commitment to recovery still experience a compelling pull away from those healthy choices. Fond memories or cravings compete with the youth's awareness of the destructiveness of alcohol and other drug abuse. Commitment to change is also threatened by a lack of self-confidence in the ability to create a successful and enjoyable life away from alcohol and other drugs and drug-using friends.

For these reasons, the first task of treatment is to strengthen the teen's motivational foundation and commitment to change. Parents and significant others can help by acknowledging the teen's ambivalence and helping them resolve it in favour of a commitment to recovery. Only as youth experience success with a non-drug-using life will the lingering attractiveness of alcohol and other drug use fade and recovery be fully embraced.

Research shows that most adolescents had experienced emotional or psychological problems or concerns before coming to AADAC.

71% had trouble controlling their anger

63% had trouble with behaviours that felt out of control

46% had hurt themselves on purpose

39% felt depressed for a period that lasted more than two weeks

35% had been physically abused

27% had attempted suicide

24% had been sexually abused

Becoming informed

Information about drugs and their effects is available at any AADAC office or treatment centre. In addition to booklets and pamphlets, AADAC offices have a variety of resources related to alcohol and other drug use, problem gambling, and adolescent recovery. However, we offer the following as a very brief overview of drug classifications as well as one explanation of how dependence on alcohol or other drugs develops.

STIMULANTS These substances speed up bodily functions (increased blood pressure, respiration rate, pulse rate, blood sugar, energy, appetite) and give the impression of more energy by postponing fatigue. Examples include nicotine, caffeine, cocaine, amphetamines.

DEPRESSANTS These drugs slow down the body's function; they decrease blood pressure, respiration rate, and pulse rate. Examples of depressants are alcohol; opiates, including pain killers, morphine, codeine, heroin; sedatives, sleeping pills, and tranquillizers such as Valium®, Librax®, or Seconal® (secobarbital).

HALLUCINOGENS Stimulation of the central nervous system intensifies all senses resulting in confusion for the brain. Hallucinations refer to seeing, feeling, hearing, or smelling things that are not there. Examples of hallucinogens include cannabis, LSD, psilocybin (magic mushrooms), and mescaline.

INHALANTS These gaseous or liquid substances are inhaled and usually depress the central nervous system. Early symptoms of dizziness, slurred speech and excitement can progress to delirium, hallucinations, and stupor. Substances typically inhaled include products that are or contain organic solvents. Examples are glue, gasoline, metallic paints, volatile nitrites.

It's important to remember that the effects of drugs are influenced by a number of variables, including those related to the person (body size, health factors, metabolism, etc.), the drug (dosage, purity, etc.), and the environment in which the drug is taken. In addition, use of more than one drug can result in a synergistic effect, meaning that the reaction to the combination of drugs is much greater than if they were taken at different times.

REFERENCE: Inaba, D.S. and Cohen, W.E. 1989. *Uppers, Downers, All Arounders*. Ashland, OR: Cinemed Inc.

The stages of abuse: one model

Another way of conceptualizing alcohol and other drug abuse is to focus more directly on the pattern of use. Vernon Johnson describes a four-phase progression that makes it possible to distinguish between early experimentation and dependency. This model offers just one way to understand how dependence on alcohol or other drugs develops; many other models exist as well. It is always difficult to definitively categorize a particular adolescent's behaviour; some teens don't fit into this model at all. However, recognition of these stages can make it possible for parents to be aware of the early warning signs rather than stumbling on the problem late in the process. Awareness is the first step to change.

STAGE 1: LEARNING THE MOOD SWING

Use at this first stage is usually restricted to more common drugs, such as tobacco, alcohol, and marijuana, on weekends. The substances are usually supplied by others, often stolen from home rather than bought. Behaviour changes are minimal and may include an increase in evasiveness and defensiveness.

STAGE 2: SEEKING THE MOOD SWING

In Stage 2, drug use moves more into the adolescent's everyday life. Money is needed to buy drugs. Often, more drugs are added to those used in Stage 1. Changes in friends, activities, and involvement become noticeable. It is usually at this point that parents become alarmed and face the barrage of defences when they confront their adolescent with their concerns.

STAGE 3: PREOCCUPATION WITH THE MOOD SWING

In this stage, adolescents become preoccupied with obtaining and using drugs, often on a daily basis. This preoccupation can lead to criminal activities that include impaired driving, trafficking, or theft. Adolescents often attempt unsuccessfully to cut down or stop their use at this stage. Conflict in the family becomes chronic and explosive. Health problems may surface.

STAGE 4: USING TO FEEL NORMAL

At this stage, the use of substances is compulsive and out of the adolescent's control. He or she likely experiences problems of paranoia, blackouts, and flashbacks. The adolescent no longer uses to feel "high," but now uses in order to function, to feel normal. Feelings of guilt, remorse, shame, and anxiety are chronic.

REFERENCE: Schaefer, D. 1987. *Choices and Consequences*. Minneapolis: Johnson Institute.

Consequences of use/abuse

IMMEDIATE CONSEQUENCES

Adolescents who find themselves in a substance-using lifestyle face a number of consequences. The nature of the consequences vary according to many factors, including the amount of drugs and alcohol that have been consumed, the risks taken in the situation, the number of times this has happened, etc.

The immediate consequences of alcohol and other drug use are often perceived as minor when compared to the fun and excitement of using. Kids are often willing to take the risk of getting into trouble for using, for missing a curfew, or even feeling sick and hung over after a big "party." Unfortunately, they are also willing to take dangerous risks, including mixing drugs or driving after they've used alcohol or other drugs.

It is important that parents respond definitively to these early incidents related to the use of alcohol and other drugs. Such a response makes it less likely that the whole family will deny and minimize a developing substance abuse problem.

MISSED LEARNING OPPORTUNITIES

Using alcohol and other drugs interferes with learning and developing in a number of ways. For example, being drunk or high at school makes it extremely difficult to process or retain new information. In addition, "the morning after" is often lost to getting over a hangover.

Although these problems can often be overcome if they happen only occasionally, over time and with ongoing use, they compound and can lead to major difficulties with school, relationships, and the law. As well, adolescents who have spent a great deal of their time intoxicated or focused on getting drugs find that they have missed many learning opportunities that are an important part of adolescent development. For instance, when drugs and alcohol become a major form of recreation and way to socialize, young people miss the chance to learn social skills and may have a limited repertoire of leisure activities from which to choose.

DEVELOPING "USING" HABITS

Adolescents, like adults, often find themselves turning to drugs and alcohol in response to certain triggers in their environment, developing a habitual pattern of use that for many remains reasonably contained. For example, a trigger for many young people is certain music — a concert, a dance. For others, it's certain feelings — loneliness, stress, anger. Problems arise, of course, as the use of alcohol and other drugs gets in the way of learning new ways to deal with these situations and as more and more things begin to trigger using behaviour.

WIDER CONSEQUENCES: IMPACT ON MAJOR LIFE AREAS

As adolescents become more preoccupied with finding and taking drugs, their world narrows and they face more and more serious consequences. All of the major areas of their lives are affected by their use. Often they experience health problems, family conflict escalates, school difficulties increase, and, in many cases, the legal system becomes involved. For instance, many clients at AADAC Youth Services were in trouble with the legal system before they entered treatment.

- 76% had been charged with an offence, but not necessarily convicted
- 47% were on probation or awaiting trial or sentencing when they entered treatment
- 19% had been in the Young Offenders Centre in the 30 days before treatment

Change: A process, not an event

ONE MODEL OF THE PROCESS OF CHANGE

Vernon Johnson's model, described earlier, is one way of describing how alcohol or other drug dependence develops. Three researchers, Prochaska, Norcross, and DiClemente, have also developed a way of explaining the process of change. As shown in the diagram on page 14, the process of change is cyclical with most people starting in the precontemplation stage.

The stages of the process of change are outlined below. It is important to remember that people often move back and forth between stages. For instance, someone who has relapsed may move back to the precontemplation stage again.

PRECONTEMPLATION

Precontemplation, as described earlier in this booklet, is the stage where people feel they don't want to change. This reluctance can be the result of several factors, including failed attempts at change in the past and the belief that the benefits of alcohol or other drug use outweigh the negatives.

CONTEMPLATION

In the contemplation stage, the person is usually aware that change has to happen, but they're not ready to act on that awareness. People in this stage need help weighing the pros and cons of their use of alcohol or other drugs, and encouragement to act on their desire to change.

PREPARATION

During this stage, a person may begin to make solid, realistic plans about the decision to change alcohol or drug-using behaviour. Encouragement and help at this stage is also very important to help keep the person motivated and committed to change.

ACTION

The action stage of change is just that: taking a step toward change. Action can include getting information about alcohol and other drug abuse or problem gambling, asking a friend, or parent for help, or making an appointment with a doctor or counsellor to discuss the problem.

MAINTENANCE

Change has taken place. The work here involves reaffirming healthy choices and applying everything learned to situations that may create a risk for relapse.

Helping teens through the change process

As a concerned adult, you want young people to get to the action stage as soon as possible, but as Prochaska and colleagues point out, it's a mistake to rush a person who's in the precontemplation stage into the action stage. If the teen in your life is in the precontemplation stage — that is, they don't want to change or don't think they have a problem — you want to gently encourage them to move to the next stage in the change process: contemplation. Prochaska, Norcross and DiClemente recommend the following strategies for helping people move out of the precontemplation stage.

Insist that precontemplators take responsibility for their actions.

Recommend behaviour change directly and frequently.

Address specific distressing incidents and behaviours.

Follow negative behaviours with consistent consequences.

REFERENCE: Prochaska, J.O., Norcross, J.C., and DiClemente, C.C. 1994. *Changing for Good*. NY: Wm Morrow.

Supporting adolescents in recovery

PARENTAL SUPPORT-CRITICAL TO RECOVERY

When parents become aware of their adolescent's substance abuse problem, they can feel overwhelmed. For many, this awareness forces them into a frightening journey across unknown terrain with no map or familiar signposts. They feel lost and uncertain. In many cases they feel at the end of their rope because so many earlier efforts to help their child have met with frustration and failure. Despite this, parental support is critical to adolescent recovery because young people continue to look to these primary relationships as the foundation on which to build a new, "non-using" life.

For many young people, recovery involves developing an entirely new way of life, with different friends, different activities, different everything. In many cases, important developmental milestones and challenges have been missed or masked by substance abuse. They find themselves facing the task of socializing while sober for the first time or trying a sport that was not part of their using lifestyle. School is a major source of anxiety as students must cope with being academically behind other teens their own age in addition to facing up to their "druggie" reputation.

Feelings of confusion are strong as adolescents realize that things aren't quite the way they thought they would be. Stopping drug use does not automatically put an end to problems. In fact, problems can even seem worse because they aren't being covered up or denied anymore.

Loneliness, isolation, and boredom are very common as teens attempt to cut themselves off from old using friends. While this can be an important time of reflection and personal goal setting, many young people feel angry and resentful that they can no longer be out "having fun." It is extremely important for parents to offer support to their adolescents during this stressful time.

It is often hard to know, however, just what kind of support is needed. When asked what they would like from their parents, teens unanimously say listening and understanding. In some cases, it takes a great deal of effort to rebuild communication after a prolonged period of breakdown, but it is essential that it is established and that issues and feelings be dealt with openly. Outside help might be beneficial in the early stages of healing to deal with hurt and resentment.

For adolescents, the path to recovery is seldom smooth and the process of recovery extends well beyond the formal "treatment" experience. Adolescence itself is a time of many changes, so it would be unreasonable to expect that teens whose lives have been made even more complicated by substance abuse would find it easy to turn their lives around. All too often, however, we lose sight of this reality and any sign of a "slip-up" is seen as impending

disaster, that all is lost, that things are back to the old ways.

This reaction arises from understandable fear. Whether you are a parent, a professional or other adult who has responsibility for a young person in recovery, the fear can obscure your ability to see the progress that has been made. Fear can also blind us to the possibility of using this situation as a learning opportunity, a chance to practice a new way of handling the old problem. To do this requires that we remain dedicated to maintaining our boundaries, looking after ourselves, and attending to our own responses.

If, for example, we choose new and more effective ways of responding to the adolescent's relapse (old behaviour), we have not slid back to where we started. If we approach the situation with a plan, if we talk to and get support from other parents, if we use the tools we have learned through our own involvement with counselling and treatment, then certainly all is not lost. We have taken the opportunity to do something different, to experiment — and that's progress. Also, if we as parents are able to prevent this current problem incident from totally eclipsing the many successes that preceded it, there is a greater possibility that things can get back on track sooner.

Adolescents, like adults, have many needs — the need to belong, the need for success, space, recognition, safety, power, fun. Those who have been caught in a "using" lifestyle have likely gone to extremes to get these needs met. Learning new and healthy ways takes time, practice, and patience. The challenge for parents lies in acknowledging their child's separateness, and ability and need to make choices and learn from the consequences of these choices. This ability to separate and be separate from their children makes it possible for parents to take care of themselves regardless of what these choices might be, and, thus, makes it possible to move forward in their own lives without surrendering to alcohol and other drug abuse.

What can parents do when a teen won't go for counselling?

It is very difficult for parents to stand by and watch their children make unhealthy choices. As parents, we can see that certain friends or activities pose a risk to our son or daughter. We can see how things would be better if they would stop doing certain things — or if they would start doing other things. We can become consumed by our efforts to make them see or do things our way. When parents accept that they

cannot make their child (or anyone else for that matter) change the way he or she is thinking or acting, they realize that they can, and must, focus on themselves, on looking after themselves, and on changing those things that they might be doing to "feed" the problem.

Parents must ask themselves if there are times when they cover up for their child's use, make excuses for them at school or work, help them to avoid facing the consequences of their irresponsible behaviour, buy into their defences of minimization and/or rationalization, or provide money to get him or her out of scrapes?

These well-intended efforts, motivated by love and a sincere desire to help our children, are referred to as "enabling" because they enable the problem to continue by removing the consequences of the child's actions. Parents hope so fervently that if they give it that one more chance, things will change. Unfortunately, despite the fact that it is their intent to help the child, more often the effect is that they help the problem to continue.

Parents must begin to focus on taking back responsibility for their own lives. As long as they are consumed with thoughts and efforts aimed at gaining control of the adolescent's behaviour, they will remain frustrated and weary. When they shift their attention to those things that they can do something about — for example, their personal reactions, their individual goals, their limits and boundaries — it becomes possible for them to survive and to view themselves as worthwhile human beings regardless of the actions of their children.

By setting boundaries, parents make it clear to their children (and others) what they will and will not tolerate. With clear and firm boundaries, parents can stop enabling and stop being drawn into their adolescent's crises. This is by no means easy; it might mean saying "no" to a request for money or refusing to make an excuse to a teacher or boss. It might mean facing threats, ultimatums or other acts of desperation from their kids. Adolescents who are caught up in a substance-abusing lifestyle can be masterful manipulators and parents who, when their child was younger, had no difficulty setting limits, often find themselves putting up with incredible situations with teens.

Boundaries make it possible for parents to look after themselves by saying, "Enough!" The intention is not to punish or get back at others, but, rather, to let others know what you need. It is often helpful to work with a counsellor in order to maintain some perspective in this area, exploring the difficult question: "Where is the line between responsible parenting and allowing teens to take responsibility for their own behaviours?"

Parents must decide for themselves where to place the line. It is different for different families and for adolescents of different ages. For example, some parents are able to set the

boundary that if their teen is not home by curfew time, they will not be permitted out with their friends in the evenings at all. Others are not able to do this. It is evident, however, that as long as boundaries keep moving and limits and consequences are not followed through, families continue to go round and round in the vicious cycles that substance abuse can cause.

What can parents do for themselves?

Once aware of the problem, most parents of adolescents who abuse alcohol and other drugs give their all in hope that their efforts will improve the situation for their child and for the whole family. Their strategies range from reasoning to yelling, grounding, begging, bargaining, pleading, and ignoring. Over time, they find themselves just as preoccupied with their adolescent's substance abuse as the adolescent is. All relationships suffer. Parents can begin to feel helpless and discouraged, fearing that nothing they can do or say will make their son or daughter change.

Asking for help at times like this is a very difficult and courageous act. It involves speaking up publicly about something that most families keep to themselves — trouble. For some, it feels like admitting to being a bad parent, a failure. But the belief that we must have all the answers as parents can keep us caught in our old patterns of behaviour, doing the same things over and over again even though they don't work. In order to do things differently, new tools are needed. These tools are gained through finding support and information.

SUPPORT One approach that has proven valuable is to join together with other parents who are struggling with their adolescents. These people know first-hand about the emotional roller coaster ride that adolescent substance abuse takes families on. They know about the fears and the frustrations, and they've got ideas, practical suggestions for handling tough situations, survival strategies, books and resources that have been helpful for them, and a perspective that comes from "the heart." Professional support is also valuable. Meeting with a counsellor can open the door to change for families and help them to learn new ways of responding and coping. Problems flourish in secrecy. Solutions emerge as we open up and begin to see and respond to things in new ways. Parent support groups are open to parents of adolescents already in counselling as well as those whose teens are not involved in any treatment.

INFORMATION It is critical for parents to become informed about the many issues they will face so they can respond from an accurate knowledge base. As mentioned earlier, it is important to be aware of what drugs are. What kinds of drugs have what kinds of effects? What do they look like? What is the "paraphernalia" associated with drug use? Also, what are the signs of drug use and abuse? And, most importantly, what services are available for my son or daughter and for me? Where can we go for help and information?

AADAC has a wide range of services for youth. A brochure, entitled **AADAC Youth Services: Get It Back**, gives details of our youth services system. In brief, this system provides services to approximately 2,700 adolescents and familiy members per year through 26 treatment facilities across Alberta, all of which offer outpatient treatment. In addition, facilities in Edmonton and Calgary offer the Intensive Day Treatment program with optional residential support available in Calgary.

But that doesn't mean you have to wait until a problem exists. AADAC also offers a wide range of information about preventing alcohol and other drug problems before they happen. AADAC works in partnership with people in the community who are concerned about youth, including parents, teachers, guidance counsellors, youth groups, health care professionals, police, and local media. Each AADAC area office participates in a number of prevention-related initiatives for adolescents. These activities differ from one community to the next based on local needs and community involvement.

We want to introduce you to some people, parents and teens, who have "been there." In the letters in this handbook, they offer you their stories. The honesty with which they describe their experiences speaks both to the powerful grip that a "using" lifestyle can have on people and their families and to the possibilities for breaking free of that grip. Parents and families can take steps to make this break, even if their son or daughter is not yet ready to do so. The names of the individuals and families who tell their stories have been changed to protect their privacy.

Dear Friend,

AS I LOOK around our home, I wonder how do we convey where we were a year and a half ago and where we are today. I have a knot forming in the pit of my stomach because I remember what it felt like to be addicted to my addict's behaviour. I remember how painful it was to watch the relationships within our family become out of control: the bitter fights my husband and I had, the worry, the guilt and the fear of what was happening to our family. I give myself a shake and remind myself that I'm in recovery and never again will I feel that way. Thank you, AADAC.

Where do I begin? Even to this day, I can't say this is when it began. There was a vague sense of "something" not right. Like most parents, we looked for possible solutions. Was Jason having a hard time at school? Did he have a fight with his buddy? Maybe his curfew really was too early. The questions never stop; however, in recovery, you learn to address the situation for what it is and with that comes a tremendous amount of peace.

We spent so much time addressing the behaviour instead of the problem. Jason would buck our system every step of the way. He kept us so busy trying to control him, we had a hard time getting past the lies, the being late, the inconsiderate behaviour. When there were moments of calm, he would share with us stories. Stories about friends using drugs, involved in crime, trying to kill themselves, at the same time reassuring us that these things were not a part of his life. As I read over this, I think: "Man, you are one stupid, gullible person, Sharon!" Somehow he managed to reassure me that one: he knew the dangers, saw them daily, and would never get involved; and two: I should be thankful that he wasn't involved in this lifestyle. All the same, awareness and worry increased. The tension became unbearable. It was time to do something — but what?

Jason ran away after he got caught with hashish on him. That is what it took for us to face reality. I had so wanted to believe only the best in my

son. I hung on to: "It's only adolescent behaviour." AADAC was recommended to us. When I mentioned it to Jason, he pulled out an AADAC business card that his vice-principal had given him. Why didn't his vice-principal call me? In retrospect, I realize I was still too busy avoiding reality and wouldn't have heard what he had to say. My husband and I began going to the parent support meeting. From the moment we walked in and sat down, we realized we weren't alone. What a relief! I wish I could tell you it's been all up hill from here, but I can't. Jason has taken four runs at sobriety to date. It's not over for him. What has changed is the way we all deal with it. There are no more secrets. The wool that was scratching at my eyes is gone. I am able to love my son now, without sacrificing myself. I am able to focus on the positive instead of drowning in the negative. I am able to set up boundaries which Jason does not cross, partly because Jason recognizes the change in me, but primarily because I am now strong enough not to allow him to cross my boundaries.

My friend, the first step is the hardest. As my husband says, "It's a real kick in the ass when you discover that the light at the end of the tunnel is a train coming right at you!" I haven't been hit by too many trains since I started taking care of myself. The AADAC Parent Support Group has helped me recognize that I was addicted to my son's behaviour and the first step to survival was changing my own behaviour. My friend, take that first step.

"Sharon"

SHARON and her husband worked actively in the community for several years, attending AADAC's Parent Support Group, acting as spokespersons for families that have experienced the pain of having an adolescent addicted to alcohol and other drugs, and organizing a network of educational, support, and community awareness activities.

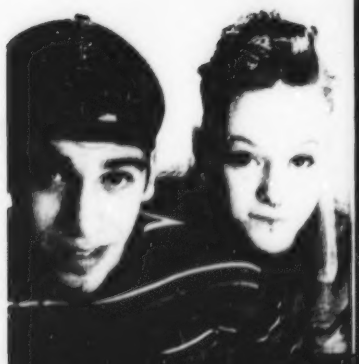
MY NAME is Jay. I am 17 years old. I have dual addictions — alcohol and drugs. I have used pot, hash, mushrooms, acid, Gravol®, and alcohol. I used any and all of these drugs for about four years. In this time my life went from bad to worse. I had no money, so I started to steal — first from my family, then working my way right into jail by breaking into people's houses and businesses. I also broke into cars, stole from my friends, and, of course, had to lie to everyone to cover my tracks. Going to jail on my very first offence didn't teach me anything. Within two weeks I was right back breaking into places, stealing, lying, doing drugs, and drinking even more than before. But now I stole the whole car instead of just what was inside.

This is a very hard way to live your life because you can't get anyone to trust you and it makes you frustrated and mad. But now that I have thought about it, I realize that I got so mad because deep down I knew I couldn't be trusted and I felt guilty.

This way of life wrecked my family. We all had big fights every day and I even got violent with my little brothers. Sometimes I didn't come home for days at a time so my mom didn't want me to ever go anywhere. But I'd just go anyway. I would go to school but not attend classes. I would either be too high or I'd be trying to find a way to get high. I never saw or hung around with any of my old friends. I thought they were all "geeks" and "losers."

My new friends were "cool." I could use them and they could use me. I wound up losing my real friends and when my user friends and I got caught doing crime they all wanted to kick my head in because they needed somebody to blame for getting caught. Everything started to go bad — even when I was high.

One night when I was 16 and he was nine, I hurt my brother really bad. Plus I made him really scared of me. I was burnt out and sleeping on the couch. He wanted me to play with him and kept bugging me so I got up and threw him against the wall and started to kick him. The next day I couldn't



even remember doing it. It scared me to think that I could do that, let alone not remember it.

Still, when I went to the AADAC office where I live, I thought I could fool everybody and get myself out of trouble. When they told me about the AADAC youth centre, I thought, "Here's a way to keep myself out of jail."

When I got there, though, things turned out to be a lot different from what I had planned. I was nervous and was convinced that no one knew how I felt or had the same kind of problems as me. But everyone at AADAC was so nice and treated me like a human being. They all seemed to put immediate trust in me. And I actually felt happy without drugs. I got more comfortable every day. My family got involved. I started to realize that my life was better without drugs.

Everyone at AADAC had a very important part in my recovery. I learned fun, clean things to do and how to enjoy family life again. The teachers made it possible for me to enjoy school again. The recreation staff helped me to learn how to reach my goals. They gave me a lot of responsibility and showed me I could be a leader instead of a follower. The out-trips taught me that some things aren't going to be easy but you should never give up because it feels really good when you accomplish even small goals on your own. They also helped me figure out good ways to solve problems with confidence.

Now, thanks to what I have learned, I can give my own opinion without being nervous about what people will think and I don't need drugs or alcohol to give me confidence.

I guess I kind of cheated because I was supposed to have only one personal counsellor but I learned something from every one of the counsellors and they always had time for me. With their help, I learned strategies to avoid using. We also talked about how to deal with life after I left the centre and to work for good personal goals for the future. This guidance, along with that

of my support home "family," made the move back home easier. With the help of family counselling, my whole family learned how to talk to each other again and to solve family problems before they get out of hand.

Looking back, I feel that every part of the program is important in its own way because each part teaches you important but different life skills and how good life really is. Now I am in school full time, I have a job, my brother is not scared of me anymore, I'm getting old "good" friends back, and my family trusts me again. I look forward to getting up in the morning instead of wasting my life in bed. Knowing AADAC Youth Services is there, with all of the people involved, helps me get through any rough spots, which are getting fewer and fewer. My life is getting back on track.

"Jay"

I HAVE gone over and over in my mind the best way to put into words how I feel about AADAC's Youth Services. At first I thought that saying that "it saved my son's life and our entire family unit" was a bit much. But there are just no other words that say it fully enough.

My son was always one of the good kids — kind and gentle, very reliable, active in sports and in our family life. Then things began to change. Knowing little to nothing about drug abuse, I rationalized my son's odd behaviour, describing it as normal puberty, an adolescent testing his adult wings.

This was clearly a mistake, one that made a phenomenal difference in all of our lives. At one point, I even kicked a good neighbour (who was only trying to help my son) out of our house and our lives because I simply could not believe that my son would break into his house to steal from him. It got to the point where our entire family was falling apart and I had no idea how to stop it.

When my son's actions landed him in prison, I thought it would scare him enough that he would straighten up. Not so easily do addictions let you go. Two weeks nearly to the day after his release, he broke into a local shop and robbed it. I did not become aware of this for almost a year, however, until the RCMP arrived on Family Day to arrest him. In the meantime, we had been enduring daily battles in the home — verbal arguments and physical violence as well. I finally had to admit that we were on a roller coaster with no brake handle, a straight downhill ride.

I often wonder about the influence of heredity in addictions. I'm not sure if a particular addiction is passed down genetically, but I believe that personality traits that make one vulnerable to addictions are. On both sides of our family, alcoholism runs rampant and drug abuse has shown up too. I feel strongly that youth treatment centres are critically important in helping kids to break the family cycle of addiction, helping to ensure that there are fewer adult addicts in the future.

The entire staff at AADAC, including the people at the front desk who always seem to remember who you are, and the cook who never appears to get tired of having teenagers of all ages in her kitchen, are not only highly qualified in their field but caring and compassionate as well.

In closing, the only suggestion that I can offer is that there be more centres exactly like this one in its entirety offered to the young people in our communities.

Take care. A concerned and grateful mother,

"Anne"

AT THE WRITING of this letter, Jay and his mother Anne were still checking in with AADAC Youth Services from time to time, but, for the most part, had returned to their home community and to the rebuilding of their family life.

ADMITTING that you have an alcohol or drug problem is a very hard thing to do. For me it was very hard to do. Drugs had become my best friend and whenever I needed to get away from this world, drugs were there. My friends told me that I had a problem, but I wouldn't believe it; as far as I was concerned, everything was under control. It wasn't until one friend made me think about it — she didn't tell me that I had a problem, she just made me think about it — that I admitted that I had a problem.

Admitting it is only the first step. I had done that. The next step was accepting it and getting help for it. I was not ready to do that. Drugs had been a part of my life for too long and it was just too hard to accept that they were messing up my life. At one point, I convinced myself that I could just cut down and do it once in awhile. Finally, I realized that I had to get help. Drugs had become my worst enemy and almost killed me.

Going through treatment was really weird. I had still convinced myself that my problem wasn't that bad. For the first couple of weeks, I didn't say too much. I didn't want people to see who I was and that I was struggling to get off drugs. I thought that it would be no problem giving up drugs. However, I wasn't just giving up drugs, I was giving up my whole lifestyle. I was starting my life all over again and if you have been doing drugs for most of your life, it is really hard to just give it up.

Being clean was hard at first because all of a sudden I had to face my problems, I couldn't run from them. Many nights I would lie awake, shaking and crying because I wanted to get high. Going to treatment helped, listening to what others had to say and the struggles they were facing made me feel that I wasn't alone. Things are better now that I am clean. I am learning to deal with my problems instead of running. I have also learned to give myself credit for what I have accomplished and not look at how much further I have to go. Now I feel proud when I tell people that I have been clean for a month, six months, a year, however long it has been. I have also

rned that if I fall back and relapse, I don't have to give up. I know that ere will always be people to help and support me. Drugs took over my life, t I got it back and it feels good.

"Rebecca"

REBECCA was in Grade 6 when she first began experimenting with drugs and alcohol. By the time she sought treatment at age 15, she was using drugs daily. At the time that this letter was published, it had been nearly a year since Rebecca had begun treatment. Although there were some very difficult times, she made remarkable gains and improved all areas of her life. She had returned to school and was maintaining an honours standing, while continuing to attend individual counselling and a weekly support group for adolescents.

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